
NAVAL SCHOOL OF HEALTH SCIENCES



CERTIFIED PREVENTION SPECIALIST

CPS

CERTIFICATION PORTFOLIO

(Rev 12-02)

TABLE OF CONTENTS

PREFACE.....	ii
BACKGROUND.....	ii
ELIGIBILITY REQUIREMENTS.....	iii
INSTRUCTIONS.....	iii
GLOSSARY.....	iv
CPS APPLICATION	
Privacy Act Statement.....	CPS-1
Personal Data Form.....	CPS-2
References.....	CPS-3
Education.....	CPS-4
Current Counselor Certifications.....	CPS-6
Professional/Volunteer Work Experience.....	CPS-7
Code Of Ethics.....	CPS-10
Competency Assessment Form.....	CPS-13
Testing Information/Dantes Affidavit.....	CPS-18
Command Endorsements.....	CPS-19

PREFACE

Many professions have used Portfolios as a collection of visual samples of a candidate's work, e.g. sketches, pictures, or sculpture. However, when applied to the counseling or prevention field, portfolios contain descriptive information. This type of Portfolio indicates the candidate's job-related knowledge and skills, and usually includes the following components:

- **Work Experience**
- **Formal Training and Education**
- **Structured Experiences**

This document has been designed and developed to be compatible with and an introduction to the International Certification & Reciprocity Consortium/ Alcohol and Other Drug Abuse (IC&RC/AODA) International Certification Standards. The following sections contain sample forms and application materials necessary for reciprocal certification or recertification.

BACKGROUND

The Certified Prevention Specialist (CPS) is an individual who has demonstrated competence related to alcohol, tobacco and drug prevention and who provides services that build capacities of individuals and systems to promote healthy environments, lifestyles and communities. The CPS certification is a stand alone credential, not dependent on training or experience as a counselor in the drug and alcohol field. In fact, many personnel trained as drug and alcohol counselors have difficulty fully shifting their focus from the performance of the counselor Core Functions to performance in the prevention domains. IC&RC/AODA considers individuals certified at the CPS level as meeting minimum international entry-level standards for prevention professionals. This credential, like the ADC II and CCS credentials, is reciprocal to other IC&RC/AODA boards.

The U.S. Navy Certification Board (USNCB), as a member of IC&RC/AODA, has jurisdiction only over those individuals working for the U.S. Navy and Marine Corps where performance of prevention related duties is included in the applicant's job description. Once certified, an individual may maintain their certification with the USNCB, only as long as they remain on active duty, or for civilians, remain working for the Department of the Navy.

ELIGIBILITY REQUIREMENTS

CPS –Certified Prevention Specialist (reciprocal)

- ___ 1. Verification of 100 Hours of prevention specific training. 50 hours of this training must be specific ATOD training and six hours must be prevention specific ethics education.
- ___ 2. Verification of 120 hours of supervised experience in the five (5) performance domains.
- ___ 3. This supervised experience must consist of a minimum 10 hours in each of the domains: Planning and Evaluation, Education and Skill Development, Community Organization, Public and Organizational Policy, Professional Growth and Responsibility.
- ___ 4. Verification of one-year/2,000 hours of prevention experience related to ATOD.
- ___ 5. Favorable recommendation by Chain of Command and Prevention Supervisor/Preceptor.
- ___ 6. Adherence to the Code of Ethics for Prevention Professionals through a signed statement.
- ___ 7. Pass IC&RC/AODA Prevention Specialist written exam.
- ___ 8. **Re-Certification** - 60 continuing education hours must be earned every three years and must be clearly documented as relating to the five performance domains.

INSTRUCTIONS

- 1. All pages numbered CPS – 1 though 19 in this portfolio must be completed for initial certification. If applying for **recertification**, read each page to ensure applicability.
- 2. All forms must be submitted as originals, **NO** duplicates, facsimile, or electronic submissions will be accepted.
- 3. It is highly encouraged to maintain copies of all submissions.
- 4. Mail all applications to the U.S. Navy Certification Board at:
NSHS NDACS
ATTN: CERTIFICATION OFFICE
NAVSUBASE BLDG 500
140 SYLVESTER ROAD
SAN DIEGO, CA 92106-3521
- 5. The Competency Assessment Form should be completed by a Certified Prevention Specialist or Clinical Preceptor who supervises your work as a prevention professional. **It is your responsibility** to ensure that you have the form completed by any supervising individual who may be leaving your command before you are ready to submit your Portfolio.
- 6. The USNCB will return incomplete applications via the chain of command.

GLOSSARY

ADAMS	Alcohol and Drug Abuse Managers/Supervisors
ADC	Alcohol and Drug Counselor
ADCO	Alcohol and Drug Control Officer
AODA	Alcohol and Other Drug Abuse
ATF	Alcohol (Addiction) Treatment Facility
ATOD	Alcohol, Tobacco and Other Drug
AWARE	Four hour alcohol course performed by command DAPAs
BUMED	Bureau of Medicine and Surgery
CCS	Certified Clinical Supervisor
DAPA	Drug and Alcohol Program Advisor
DDRC	Drug Demand Reduction Coordinator
HQMC	Headquarters U.S. Marine Corps
IC&RC/AODA	International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse
LIP	Licensed Independent Practitioner
LPM	Level I Program Manager (no longer available)
MTF	Military Treatment Facility
NAADAC	National Association of Alcohol and Drug Abuse Counselors
NDAAC	Navy Drug and Alcohol Advisory Council
NDACS	Navy Drug and Alcohol Counselor School
PREVENT	Personal REsponsibility and Values Education and Training
SARP	Substance Abuse Rehabilitation Program

***The forms contained in this Portfolio are originals.
Please make sufficient copies prior to use!***

All entries must be legible

PRIVACY ACT STATEMENT

***THIS IS NOT A CONSENT FORM TO RELEASE CERTIFICATION INFORMATION
PERTAINING TO YOU.***

1. Authority for the collection of information including Social Security Number (SSN).

Applicable sections of United States Code 301 and Departmental Regulations

2. Principal purposes for which this information is intended to be used.

This form provides you the advice required by The Privacy Act of 1974. The information will facilitate and document your certification process. The Social Security Number (SSN) is required to identify and retrieve certification records.

3. Routine uses.

The primary use of this information is to provide, plan and coordinate certification of personnel who serve in roles as Prevention Specialist. Other possible uses are to compile statistical data, conduct research, determine suitability for assessment as a Prevention Specialist, and conduct authorized investigations.

4. Whether disclosure is mandatory or voluntary and the effect on the individual of not providing the information.

The requested information is voluntary. If not furnished, certification of the individual will not be accomplished and the individual will not be authorized to serve in positions as a Prevention Specialist.

Your Signature merely acknowledges that you have been advised of the forgoing. If requested, a copy of this form will be provided to you.

Applicant's Signature: _____ Date: _____

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For Certification Office Use Only (Do Not Write in this box)

Date Application Received: _____ Cert # _____

Date Application Processed: _____ Exp Date _____

Database Updated: ☐ Examination Status: _____

APPLICATION TYPE

Initial
Certification

Re-Certification

CPS (Reciprocal)

☐☐

PERSONAL DATA

Rating/Rank (Include Special Designators): _____

Name: _____
First Middle Last

SSN: _____

Facility Name (e.g., MCCS Miramar, DAPMA West) _____

Current Position: _____
(e.g., Prevention Coordinator, DDRC, Program Director, etc.)

Official Command Address: (e.g., Commanding Officer, Naval School of Health Sciences, NDACS ATTN
Certification Office, 140 Sylvester Road, San Diego, CA 92106-3521)

City _____ State _____ Zip Code _____ -

Phone: Comm: (____) _____ Ext: _____ DSN: _____

Fax(Comm): _____ E-mail address: _____

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REFERENCES

Current Immediate Supervisor Name: _____

Last

First

MI

Rank/Rate: _____ Title: _____

E-mail address: _____ Phone: (_____) _____

(For those applying for Recertification and not currently working as a prevention specialist, list most recent facility director and prevention supervisor below)

Facility Director Name: _____

Last

First

MI

Rank/Rate: _____ Title: _____

E-mail address: _____ Phone: (_____) _____

Preceptor/Prevention Supervisor Name: _____

Last

First

MI

E-mail address: _____ Phone: (_____) _____

Personal Reference (REQUIRED)

(Someone who has worked with you and/or can vouch for your competency as a preventionist)

Name: _____

Last

First

Middle

E-mail address: _____

Work Address: _____

City _____ State _____ Zip Code _____ - _____

Phone : Comm : (_____) _____

DSN : _____

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EDUCATION

Instructions.

- **Submit copies** of all certificates, diplomas, or transcripts.
- Course descriptions are required for all courses that have not been pre-approved by the U.S. Navy Certification Board.
- Supporting documentation is **REQUIRED!!**
- This section should also be used to document all continuing education hours for recertification purposes.

1. Did you attend NDACS or the Prevention Specialist course at NDACS?

Yes ☐ No ☐

Class # _____ Graduation Date: _____

2. Have you completed six hours of prevention specific ethics education/training?

Yes ☐ No ☐

(If Yes, insert documentation immediately following this page. If No, then STOP and complete a six hour prevention specific ethics training regimen prior to submitting this application.)

3. Have you earned a degree or certificate from a college or university during this certification period?

Yes ☐ No ☐

School name: _____ Location: _____

Type of Degree/Certificate _____

Start Date: _____ End Date: _____

Area of Concentration _____

Hours: _____

4. List all ATOD prevention courses/continuing education completed during this certification period. (If applying for initial certification and have not attended NDACS Prevention Specialist course, list all courses being used to qualify for initial certification.)

(Start with the most recent)

A. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location: _____ Hours: _____

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(Duplicate and renumber this page if additional sheets are necessary)

B. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location: _____ Hours: _____

C. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location: _____ Hours: _____

D. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location: _____ Hours: _____

E. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location _____ Hours: _____

F. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location: _____ Hours: _____

G. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location: _____ Hours: _____

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CURRENT CERTIFICATIONS

1. What other Prevention or AODA certification(s) do you hold?
(If none put "N/A" in first line and proceed to next page)

Certification Board/Agency Name: _____
(e.g. U.S. Navy Certification Board (USNCB))

Cert. title: _____ Cert # _____ Start Date: _____ End Date: _____
(e.g. CPS, ADC I, CCS)

(If certified by agency other than USNCB then include the following)

Address: _____
Number, Street, Suite Number

City _____ State _____ Zip Code _____ -

Telephone: (____) _____ Email address (if known): _____

Certification Board/Agency Name: _____
(e.g. U.S. Navy Certification Board (USNCB))

Cert. title: _____ Cert # _____ Start Date: _____ End Date: _____
(e.g. CPS, ADC I, CCS)

(If certified by agency other than USNCB then include the following)

Address: _____
Number, Street, Suite Number

City _____ State _____ Zip Code _____ -

Telephone: (____) _____ Email address (if known): _____

Certification Board/Agency Name: _____
(e.g. U.S. Navy Certification Board (USNCB))

Cert. title: _____ Cert # _____ Start Date: _____ End Date: _____
(e.g. CPS, ADC I, CCS)

(If certified by agency other than USNCB then include the following)

Address: _____
Number, Street, Suite Number

City _____ State _____ Zip Code _____ -

Telephone: (____) _____ Email address (if known): _____

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PROFESSIONAL/VOLUNTEER WORK EXPERIENCE

NOTES:

- A normal work year is calculated to be 2,080 hours minus any leave or extended TAD periods.
- The USNCB recognizes no more than 40 hours per week when calculating work experience.

Military Work Setting

1. Are you currently working as a Preventionist or performing Prevention Specialist related duties, outlined in your job description, for the U.S. Navy or Marine Corps?

Yes ☐ No ☐

(If Yes please go to #2, if No, **STOP**, you do not qualify for certification with USNCB)

2. What is the Facility name? _____

3. What is your position title? _____

4. Describe the primary responsibilities of your position? _____

5. Start Date: _____ End Date: _____
mo/day/yr mo/day/yr

NOTE: You may be required to submit a copy of your job description if requested.

Facility director verification of work experience hours.

Through direct observation, review of fitness/evaluation reports, or other documentation of work experience, I certify that the applicant has completed _____ hours of Prevention Specialist work as of _____.
mo/day/yr

Director name:(print) _____ Signature _____

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Note: If applying for recertification and/or no longer working in a prevention position, list any civilian or volunteer work in this section. If none, go to the Code of Ethics on page CPS – 10.

6. List all paid or volunteer work experience in the section below. Each entry documenting work experience in the civilian sector requires supporting documentation on agency letterhead

Civilian Work Setting

Agency/Employer: _____

Address: _____
Number, Street, Suite Number

City _____ State _____ Zip Code _____ - _____

Start Date: _____ mo/day/yr End Date: _____ mo/day/yr Is this Paid or Volunteer? _____

Describe, in detail, what duties you perform at this job: _____

How many hours a week, on average, do you perform these duties?

Weekly Work Hours: _____

Supervisor Name: _____ Telephone: (____) _____

Have you attached documentation that supports all of the above? **Yes** ☐ **No** ☐

(If No then the above work experience will not be counted for certification/recertification purposes.)

Agency/Employer: _____

Address: _____
Number, Street, Suite Number

City _____ State _____ Zip Code _____ - _____

Start Date: _____ mo/day/yr End Date: _____ mo/day/yr Is this Paid or Volunteer? _____

Describe, in detail, what duties you perform at this job: _____

How many hours a week, on average, do you perform these duties?

Weekly Work Hours: _____

Supervisor Name: _____ Telephone: (____) _____

Have you attached documentation that supports all of the above? **Yes** ☐ **No** ☐

(If No then the above work experience will not be counted for certification/recertification purposes.)

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(Duplicate and renumber this page if additional sheets are necessary)

Agency/Employer: _____

Address: _____
Number, Street, Suite Number

City _____ State _____ Zip Code _____ - _____

Start Date: _____ mo/day/yr End Date: _____ mo/day/yr Is this Paid or Volunteer? _____

Describe, in detail, what duties you perform at this job: _____

How many hours a week, on average, do you perform these duties?

Weekly Work Hours: _____

Supervisor Name: _____ Telephone: (____) _____

Have you attached documentation that supports all of the above? **Yes** ☐ **No** ☐

(If No then the above work experience will not be
counted for certification/recertification purposes.)

Agency/Employer: _____

Address: _____
Number, Street, Suite Number

City _____ State _____ Zip Code _____ - _____

Start Date: _____ mo/day/yr End Date: _____ mo/day/yr Is this Paid or Volunteer? _____

Describe, in detail, what duties you perform at this job: _____

How many hours a week, on average, do you perform these duties?

Weekly Work Hours: _____

Supervisor Name: _____ Telephone: (____) _____

Have you attached documentation that supports all of the above? **Yes** ☐ **No** ☐

(If No then the above work experience will not be
counted for certification/recertification purposes.)

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Code of Ethics for Prevention Professionals

Preamble:

The Principles of Ethics are models of standards of exemplary professional conduct. These principles of the code of Ethical Conduct for Prevention professionals express the professional's recognition of responsibilities to the public, to service recipients, and to colleagues. They guide members in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The Principles call for commitment to honorable behavior, even at the sacrifice of personal advantage.

These principles should not be regarded as limitations or restrictions, but as goals toward which Prevention Professionals should constantly strive. They are guided by core values and competencies that have emerged with the development of the field.

Principles

I. Non-Discrimination

Prevention Professional shall not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition, or physical, medical or mental disability. Prevention professionals should broaden their understanding and acceptance of cultural and individual differences, and in so doing, render services and provide information sensitive to those differences.

II. Competence

A Prevention Professional shall observe the profession's technical and ethical standards, strive continually to improve personal competence and quality of service delivery, and discharge professional responsibility to the best of his ability. Competence is derived from a synthesis of education and experience. It begins with the mastery of a body of knowledge and skill competencies. The maintenance of competence requires a commitment to learning and professional improvement that must continue throughout the professional's life.

- a. Professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable technical and ethical standards.
- b. Due care requires professionals to plan and supervise adequately and evaluate, to the extent possible, any professional activity for which they are responsible.
- c. Prevention Professionals should recognize limitations and boundaries of competence and not use techniques or offer services outside of their competence. Professionals are responsible for assessing the adequacy of their own competence for the responsibility to be assumed.

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- d. Ideally Prevention Professionals should be supervised by another more highly qualified Prevention Professional. When this is not available a Preventionist should seek mentoring from other competent Prevention Professionals or AODA clinical supervisors with prevention experience
- e. When Prevention Professionals have knowledge of unethical conduct or practice on the part of an agency or prevention professional, they have an ethical responsibility to report the conduct or practices to appropriate funding or regulatory bodies or to the public.
- f. Prevention Professionals should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment for themselves.

III. Integrity

To maintain and broaden public confidence, Prevention Professionals should perform all responsibilities with the highest sense of integrity. Personal gain and advantage should not subordinate service and the public trust. Integrity can accommodate the inadvertent error and the honest difference of opinion. It *cannot* accommodate deceit or subordination of principle.

- a. All information should be presented fairly and accurately. Each professional should document and assign credit to all contributing sources used in published material or public statements.
- b. Prevention Professionals should not misrepresent either directly or by implication professional qualifications or affiliations.
- c. Where there is evidence of impairment in a colleague or a service recipient, a Prevention professional should be supportive of assistance or treatment.
- d. A Prevention Professional should not be associated directly or indirectly with any service, product, individual, or organization in a way that is misleading.

IV. Nature of Services

Practices shall do no harm to service recipients. Services provided by Prevention professionals shall be respectful and nonexploitive.

- a. Services should be provided in a way that preserves the protective factors inherent in each culture and individual.
- b. Prevention Professionals should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation and evaluation of prevention services.

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- c. Where there is suspicion of abuse of children or vulnerable adults, the Prevention Professional shall report the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.

V. Confidentiality

Confidential information acquired during service delivery shall be safeguarded from disclosure, including - but not limited to - verbal disclosure, unsecured maintenance of records, or recording of an activity or presentation without appropriate releases.

VI. Ethical Obligations for Community and Society

According to their consciences, Prevention Professionals should be proactive on public policy and legislative issues. The public welfare and the individual's right to services and personal wellness should guide the efforts of Prevention Professionals to educate the general public and policy makers. Prevention Professionals should adopt a personal and professional stance that promotes well-being

These ethical standards are adapted from of the National Association of Prevention Professionals and Advocates (NAPPA).

Name: _____ Signature: _____
Print

Date: _____
mo/day/yr

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COMPETENCY ASSESSMENT FORM

(Do not complete this section for recertification)

EVALUATOR QUALIFICATIONS

- This section must be completed by an individual who is: a Certified Prevention Specialist, a Clinical Preceptor familiar with the prevention domains, or an AODA Clinical Supervisor with prevention experience.
- All evaluators must have had responsibility for supervising or training the applicant for a minimum of 90 days during the internship period.

Candidate Name: _____
Last First Middle

Facility name and location where applicant is being observed: _____

Length at Facility: _____ months Start Date: _____ mo/day/yr End Date: _____ mo/day/yr

Evaluator Information:

Evaluator: _____
(print or type) Name Title Affiliation / Credentials

Describe evaluator's level of experience in supervising prevention specialists: _____

Telephone: () _____ E-mail address: _____

Length Supervised by Evaluator: _____ months Start Date: _____ mo/day/yr End Date: _____ mo/day/yr

Evaluator verification of length of supervision: _____
Signature Date

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Performance Domains of the Prevention Specialist:

Certified Prevention Specialist (CPS) competence is based on demonstrated proficiency in the five domains identified in the 1999 Role Delineation Study conducted by the International Certification & Reciprocity Consortium/Alcohol and Other Drug Abuse (IC&RC/AODA). The five domains and associated tasks are listed in the following tables. The certification process is one measure of competence. Addiction professionals are not required to be experts in all these functions, but should have knowledge and awareness of all the domains and must be able to demonstrate competence in an appropriate number of these areas. This form not only serves to represent an evaluation of the preventionist's competence, but also as a means of documenting the required hours of supervision. A total of 120 hours of Supervised Practicum must be documented on this form with a **minimum of 10 hours in each of the five performance domains.**

Table Instructions:

- Each evaluator, if more than one, must have observed the intern for a minimum of at least ninety days.
- It is **highly** recommended that the different evaluators use separate copies of this Competency Assessment Form. If a single form is used, both evaluators are responsible for ensuring clear differentiation of evaluator input. (e.g., different color ink and distinguishing marks such as "X" and "✓", etc. should be used to discriminate between evaluators.)
- Hours of Supervised Practicum should be annotated for each domain, not for each task or knowledge area.

Place an 'X' in the appropriate Box. Use a **1** as the **LOWEST** rating, **5** as the **HIGHEST** and **N/O** to indicate **NOT OBSERVED**.

Performance Domains	1	2	3	4	5	N/O	Hours
<i>I. Planning and Evaluation</i>							
Task A-Assess community needs: Assess community needs by collecting the most current local data through systematic assessment methods in order to provide relevant data for the planning process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task B-Develop prevention plan: Develop a prevention plan by facilitating a planning process that considers the findings of the needs assessment in order to prioritize needs and guide program selection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task C-Strategies: Select strategies by reviewing professional literature for effective programs and practices in order to meet the needs of the target population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task D-Prevention Theory and Practice: Apply sound prevention theory and practice by adapting or developing programs in order to meet the identified needs of the target population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task E-Identify Financial Sources: Identify financial sources through networking, workshops, and research in order to fund prevention projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Performance Domains	1	2	3	4	5	N/O	Hours
Task F-Determine Evaluation Method: Review evaluation options through consultation and research in order to determine an appropriate evaluation method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task G-Determine Program Effectiveness: Conduct evaluation activities of the prevention program using the selected measurement tools to determine program effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task H- Demonstrate Accountability: Document project activities and outcomes using an appropriate reporting system in order to demonstrate accountability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task I-Enhance Program Effectiveness: Refine the prevention program by reviewing and incorporating findings of the evaluation in order to enhance program effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
II. Education and Skill Development							
Task A-Tailor Education Activities: Tailor education and skill development activities by gathering information about the knowledge and skill levels of the intended audience in order to maximize program effectiveness..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task B-Prepare Effective Education and Skill Development: Connect prevention theory and practice by using current research and program models in order to prepare effective education and skill development activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task C-Maintain Fidelity: Maintain fidelity when replicating research based prevention programs by implementing them faithfully or making only adaptations that do not compromise program integrity in order to ensure program effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task D-Deliver Culturally Competent Education: Deliver culturally competent education and training by working with representatives from the intended audience to identify appropriate content, methods, resources, materials, and evaluation tools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task E-Employ Appropriate Training Techniques: Conduct education and skills development activities by employing appropriate training techniques in order to address the educational needs of the intended audience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task F-Educate Consumers: Educate consumers by providing accurate, relevant, and appropriate information about ATOD abuse and related problems in order to encourage healthy lifestyles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task G- Disseminate appropriate information: Disseminate appropriate information by identifying, adapting, or creating prevention materials in order to respond to requests for prevention information and prepare for education activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task H-Provide Prevention Information to Professionals: Provide prevention information to professionals in related fields through appropriate means to increase their understanding of prevention and ATOD related problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Performance Domains	1	2	3	4	5	N/O	Hours
III. Community Organization							
Task A-Define the community: Define the community by identifying its demographic characteristics and core values for the purpose of providing appropriate prevention services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task B-Identifying Key Community Members: Identify key community members using formal and informal processes in order to determine community readiness and ensure diverse participation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task C-Engaging Community Leaders: Engage community leaders by including them in the planning process in order to foster participation and ownership in achieving prevention goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task D-Identifying Prevention Needs and Resources: Identify prevention needs and resources within the community by collecting relevant information in order to provide a foundation for a sound and culturally appropriate plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task E-Develop a Prevention Plan: Develop a prevention plan in accordance with appropriate prevention theory by collaborating with community members to achieve the identified goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task F-Support the Community: Support the community by providing technical assistance in order to implement a plan for achieving prevention goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task G-Develop Community Capacity: Develop the capacity of the community through ongoing mentoring and training to sustain positive change resulting from the prevention project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IV. Public and Organizational Policy							
Task A-Identify Policy Makers: Identify policy makers using formal and informal processes in order to influence prevention policies and cultural and social norms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task B-Plan Policy Initiatives: Plan policy initiatives working in collaboration with appropriate community groups and other organizations in order to implement policy change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task C-Gain Support of Decision Makers: Gain the support of decision makers by informing them about effective prevention practice in order to influence policy development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task D-Establish Media Relationship: Establish working relationships with the media by serving as a credible resource in order to develop public support for effective prevention policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task E-Promote Advocacy for Prevention: Promote advocacy for prevention by conducting prevention awareness campaigns to strengthen public and organizational policy and norms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*The forms contained in this Portfolio are originals.
Please make sufficient copies prior to use!*

All entries must be legible

Performance Domains	1	2	3	4	5	N/O	Hours
<i>V. Professional Growth and Responsibility</i>							
Task A-Current Theory and Practice: Attain knowledge of current researched-based prevention theory and practice by participating in appropriate educational opportunities and reviewing current literature in order to provide effective prevention services..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task B-Model Collaboration: Model collaboration by networking with colleagues, other professionals, individuals, and community organizations to ensure effective prevention services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task C-Practicing Ethical Behavior: Practice ethical behavior by adhering to legal and professional standards to protect the consumer and promote the integrity of the profession.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task D-Recognizing Community Norms: Recognize existing community norms through awareness of culture, lifestyle, and other factors in order to ensure sensitivity to the unique needs of the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task E-:Develop Cultural Competence Develop cultural competence through education, training, guided practice, and life experience to ensure inclusion of diverse populations and achieve the highest level of professional skill relative to the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total Hours Supervised across all Domains							

Evaluator Comments: (Required)

 Evaluator (signature) Date _____

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CERTIFICATION TESTING INFORMATION

DANTES/EDUCATION OFFICER AFFIDAVIT

Only the DANTES Testing Officer may administer the written Certified Prevention Specialist examination. Instructions for administering the examination, will be forwarded to the DANTES Test Control Office. The examination may **ONLY** be administered on the dates set by IC&RC/AODA. Both you and the DANTES Test Control Officer (TCO) will receive notification of the test date via official correspondence. Please have the DANTES TCO complete the following form.

Testing Official Name: Mr./Ms./Mrs.
(Please Print Legibly) (circle one) First MI Last

Physical Shipping Address: _____
(for UPS/FED-EX delivery)

City _____ State _____ Zip Code _____ - _____

Telephone: (____) _____ DSN: _____

FAX: (____) _____ E-mail address: _____

I certify that I am the designated DANTES Testing Official and that I will follow established procedures in order to protect the certification examination against compromise. I will notify the USNCB if there are any discrepancies in the testing procedures.

Official's Signature: _____ Date: _____

Alternate DANTES Contact information : Please provide alternate point of contact information, if applicable.

Alternate Testing Official Name: _____

E-mail address: _____ Telephone: (____) _____

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All entries must be legible

Recertification - Have the Supervisor and Department Head endorsement sections completed *ONLY* if currently working in Prevention

SUPERVISOR ENDORSEMENT

Please have your immediate supervisor write a brief endorsement, commenting on the applicant's skills and readiness to become certified at the CPS level. Attach additional sheet, if necessary.

Supervisor signature: _____ Date: _____

DEPARTMENT HEAD OR FACILITY DIRECTOR ENDORSEMENT

Please have your immediate Facility Director, Program Director, or Department Head write a brief endorsement, commenting on the applicant's skills and readiness to become certified at the CPS level.

Director's signature: _____ Date: _____

COMMANDING OFFICER'S ENDORSEMENT

"I _____ **DO / DO NOT** Recommend
Commanding Officer's Name (Circle One)

_____ for Certification as a Certified Prevention Specialist (CPS)
Applicant's Full Name

Please enter any comments as desired _____

Commanding Officer's Signature Date